



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: GIBSON GENERAL HOSPITAL, INC.

City of Hospital: Princeton

Year Begin: 10/01/2016 (mm/dd/yyyy format)

Year End: 09/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Dawn Michel

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Medicare Provider Number: 151319

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5754922
Outpatient Patient Service Revenue	\$44113582
Total Gross Patient Service Revenue	\$49868504

2. Deductions From Revenue

Contractual Allowance	\$24083310
Other Deductions	\$997455
Total Deductions	\$25080765

3. Total Operating Revenue

Net Patient Service Revenue	\$24787739
Other Operating Revenue	\$470807
Total Operating Revenue	\$25258546

4. Operating Expenses

Salaries and Wages	\$8715021	Employee Benefits	\$2074824
Depreciation and Amortization	\$1269751	Interest Expense	\$295898
Bad Debt	\$2450306	Other Expenses	\$9006244
Total Operating Expenses	\$23812044		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1446502	Total Assets	\$22345413
Net Non-operating Gains over Loss	\$-533563	Total Liabilities	\$10139695

Total Net Gains	\$912939
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$23553001	\$12969018	\$10583983
Medicaid	\$9030818	\$7385427	\$1645391
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17284685	\$3728865	\$13555820
Total	\$49868504	\$24083310	\$25785194

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$2984	\$2984	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$997455	
HCI Payments	\$0		
Subtotal	\$0	\$997455	\$-997455
Medicaid Shortfalls	\$1849317	\$4082243	
Subtotal	\$1849317	\$5079698	\$-3230381
DSH Payments	\$0		
Subtotal	\$1849317	\$5079698	\$-3230381
Medicare Shortfalls	\$10583983	\$10646773	
Other Government Programs	\$0	\$0	
Total	\$12433300	\$15726471	\$-3293171

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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